File Number:	
85-5367	
For the reporting period ended December 31. 2001	_



OMB APPROVAL				
OMB Number.	3235-0337			
Expires:	July 31, 2003			
Estimated average burden				
hours per full resp	onse6.00			
Estimated averag	e burden			
hours per interme	ediate			
response	1.50			
Estimated averag	e burden			
hours per minimu	יחי			
response	50			

			SECURI Washing	nounce CoMMI ton, D.C. 20549	SSION	Estimated average burden hours per minimum response
			FOF	RM TA-2		
	RE		R REPORTING ACT			AGENTS CHANGE ACT OF 1934
		ATTENTION:	INTENTIONAL M CONSTITUTE FE See 18 U.S.C. 1001	DERAL CRIMINA	AL VIOL	SSIONS OF FACT
				erenta er		AN 22 2002. 5
1.		I name of Registrant as stated not use Form TA-2 to change name		TA-l:	The same of the sa	\ 167 \ (S)
_		WEST SUBURBAN BANCO	RP, ÏÑĈ.		. \	
2.	<b>a.</b>	During the reporting period. (Check appropriate box.)	has the Registrant engag	ed a service company t	o perform ar	ny of its transfer agent functions
		□ AII	☐ Some	None		
	b.	If the answer to subsection company(ies) engaged:	(a) is all or some, pro-	vide the name(s) and	transfer age	nt file number(s) of all service
		Name of Transfer Agent(s)	· · · · · · · · · · · · · · · · · · ·		File	No. (beginning with 84- or 85- ):
					Š	PROCESSED
						FEB 1-5 2002
						THOMSON
			<del></del>			FINANCIAL
		During the reporting period. transfer agent functions?	has the Registrant been e	engaged as a service co	mpany by a	named transfer agent to perform
		☐ Yes	ХX	] No		
			as a service company to	perform transfer agent		ed transfer agent(s) for which the lf more room is required, please
		Name of Transfer Agent(s):			File	No. (beginning with 84- or 85- ):
				· V	1	

3.	a.	Comptrolle Federal De Board of	er of the Currer posit Insurance	ncy e Corporati e Federal R	on Leserve Syste	(Check one box	c only.	)			
	b.					ded Form TA-1 omplete, or mis				wing the date on which box.)	ch
			amendment(s) to file amendm able	ent(s)							
	c.	If the answer to	o subsection (b	) is no, pro	vide an exp	lanation:					
											_ _ _
		If	the response	to any of	f questions	4-11 below i	s non	e or zer	o, enter "O		
4.	Nu	mber of items re	eceived for tran	sfer during	the reporting	ng period:		************		126	-
5.	a.	Total number of System (DRS),				including account					<del>-</del>
	b.	Number of ind as of Decembe	-			estment plan and		-		ounts 0	-
	c.	Number of ind	ividual security	holder DR	S accounts a	s of December	31:			0	-
	d.	Approximate p December 31:	percentage of i	ndividual s	ecurityholde	er accounts from	n subs	ection (a)	in the follo	wing categories as o	of
	Г	Corporate	Corporate		Open-End	Limited		Municip	al Debt	Other	
		Equity Securities	Debt Securities		nvestment Company Securities	Partnersh Securitie	•	Secur	ities	Securities	
		100%									
6.	Nu	mber of securiti	es issues for w	hich Regist	rant acted in	the following	capaci	ties, as of	December 3	1:	
	•				orporate curities	Open-End Investment Company	Par	mited mership curities	Municipal Debt Securities	Other Securities	
				Equity	Debt	Securities	3.		0000		
	a. Receives items for transfer and maintains the master securityholder files:		1								
	b.	Receives items but does not m	for transfer aintain the								
	master securityholder files:  c. Does not receive items for transfer but maintains the master securityholder files:										

7.		Number of issues for which dividen		direct purchase plan	
		services were provided, as of Decer			0
	b.	Number of issues for which DRS se			
	c.	Dividend disbursement and interest i. number of issues			
		ii. amount (in dollars)			
		anoun (in donats)		***************************************	
8.	a.	Number and aggregate market value December 31:	e of securities aged record of	differences, existing for m	ore than 30 days, as of
				Prior !	Current
				Transfer Agent(s)	Transfer Agent
		·		(If applicable)	1,22101.175011
	•	i. Number of issues	•	0	
		ii. Market value (in dollars)	• • • • • • • • • • • • • • • • • • • •	0	0
		ii. Market value (ili dollars)	• • • • • • • • • • • • • • • • • • • •		
	b.	Number of quarterly reports regardi SEC) during the reporting period pu			
		see) during the reporting period po	II SUAIII TO RUIE 17AU-11(C)		
	c.	During the reporting period, did the (including the SEC) required by Ru		reports regarding buy-in	s with its ARA
		- □-Yes	☐ No	N/A	
	đ,	If the answers to subsection (c) is no	o, provide an explanation fo	or each failure to file:	
			<del> </del>	<del></del>	
9.	a.	During the reporting period, has the as set forth in Rule 17Ad-2?	Registrant always been in	compliance with the turna	round time for routine items
		<b>∑X</b> Yes	□ No	·	
		If the answer to	subsection (a) is no, comp	ete subsections (i) throu	gh (ii).
		i. Provide the number of months of	during the reporting period	in which the Registrant w	as not in
		compliance with the turnaround	time for routine items acco	ording to Rule 17Ad-2	
		ii. Provide the number of written n	otices Registrant filed duri	ng the reporting period w	ith the
		SEC and with its ARA that repo items according to Rule 17Ad-2	orted its noncompliance with	h turnaround time for rou	tine
		-			
10.		mber of open-end investment compan			s) excluding dividend, interes
	and	distribution postings, and address ch	nanges processed during the	reporting period:	•
	a.	Total number of transactions proces.	sed:		0
	ъ.	Number of transactions processed or	n a date other than date of r	eceipt of order (as ofs):	

11. a. During the reporting period, provide the date of all database searches conducted for lost securityholder accounts listed on the transfer agent's master securityholder files, the number of lost securityholder accounts for which a database search has been conducted, and the number of lost securityholder accounts for which a different address has been obtained as a result of a database search:

Date of Database Search	Number of Lost Securityholder Accounts Submitted for Database Search	Number of Different Addresses Obtained from Database Search
- 0 -	- 0 -	- 0 -

ь.	Number of lost securityholder accounts that have been remitted to states during the	
	reporting period:	0

SIGNATURE: The Registrant submitting this Form, and the person signing the Form, hereby represent that all the information contained in the Form is true, correct, and complete.

Manual signature of Official responsible for Form:	Title:
	BRESIDENT
Dune W. Delo	Telephone number: (630) 652-2801
Name of Official responsible for Form: (First name, Middle name, Last name)	Date signed (Month/Day/Year):
DUANE GREGORY DEBS	1/21/02

File Number	Supplement to Form TA-2		
85-5367			
For the reporting period ended December 31, 2001	Full Name of Registrant		
	WEST SUBURBAN BANCORP, INC.		

Use this schedule to provide the name(s) and file number(s) of the named transfer agent(s) for which the Registrant has been engaged as a service company to perform transfer agent functions:

Name(s):	File No. (beginning with 84- or 85-):
N/A	N/A
	JV/ B
•	
·	